

**STAFF USE ONLY**

License No. _____

Control No. _____

**TOWN OF HAVERHILL
PERMITTING AND LICENSING DEPARTMENT**

4585 Charlotte Street, Haverhill, Florida 33417 561-689-0370 FAX 561-689-4317

Registration

Pursuant to Section 16-1 of Chapter 16 of the Town of Haverhill Code of Ordinances, any person who does not have their business operation located within the corporate limits of the Town of Haverhill but comes within the corporate limits of the Town to carry on, complete, perform or engage in any type of business, is hereby required to register with the Town of Haverhill by filling out a registration form. Such person must provide a copy of a valid occupational license issued by another municipality and/or a county license indicating that he possesses a valid permanent office and must provide proof of insurance. A nominal registration fee shall be charged to cover administrative costs to register these additional businesses, occupations and professions; the amount of this registration fee shall be set forth by the Town Council.

Name Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Owner Phone: _____ Fax: _____

Certification Number(s): _____

Type of Business Performed: _____

In signing this application I hereby agree to abide by all Ordinances, Rules and Regulations pertaining to this subject, now or hereafter passed by the Town Council of the Town of Haverhill, or by any official empowered to issue such regulations.

Signature_____
Date**OFFICE USE ONLY:**

Date received _____ Yearly fee _____ County # _____

Approved by _____ Date _____